



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BLACKFORD HOSPITAL

City of Hospital: Hartford City

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1302

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6569948
Outpatient Patient Service Revenue	\$34145950
<b>Total Gross Patient Service Revenue</b>	<b>\$40715898</b>

2. Deductions From Revenue

Contractual Allowance	\$22323265
Other Deductions	\$387084
<b>Total Deductions</b>	<b>\$22710349</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$18005549
Other Operating Revenue	\$123166
<b>Total Operating Revenue</b>	<b>\$18128715</b>

4. Operating Expenses

Salaries and Wages	\$6559239	Employee Benefits	\$1405557
Depreciation and Amortization	\$771142	Interest Expense	\$0
Bad Debt	\$1637686	Other Expenses	\$9556676
<b>Total Operating Expenses</b>	<b>\$19930300</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1801585	Total Assets	\$14179986
Net Non-operating Gains over Loss	\$93731	Total Liabilities	\$14179986

Total Net Gains	\$-1707854
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$20958201	\$11171530	\$9786671
Medicaid	\$7803198	\$6375213	\$1427985
Other Government	\$595329	\$452253	\$143076
Other State	\$0	\$0	\$0
Other Payers	\$11359170	\$6349039	\$5010131
Total	\$40715898	\$24348035	\$16367863

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$2687	\$-2687

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$34735	\$-34735
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	168

Statement Six: Charity Statement
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Hospital Charity Charges	\$1153426
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$494589	
HCI Payments	\$0		
Subtotal	\$0	\$494589	\$-494589
Medicaid Shortfalls	\$1428294	\$3917950	
Subtotal	\$1428294	\$4412539	\$-2984245
DSH Payments	\$0		
Subtotal	\$1428294	\$4412539	\$-2984245
Medicare Shortfalls	\$8505599	\$8037945	
Other Government Programs	\$0	\$0	
Total	\$9933893	\$12450484	\$-2516591

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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